



King County

2002 Open Enrollment for 2003

Regular Employee Guide

Read this guide!

It explains:

- How your benefits are changing January 1, 2003 ▶ pages 2-5
- What to do with your Open Enrollment (OE) Form ▶ pages 6-17
- Benefits that need no decisions ▶ pages 18-19
- For additional information ▶ page 20

Your OE Form shows in **bold** the coverage you will receive in 2003 if you don't return the form. If you want different coverage, mark, sign and return the form by **November 1** to:

**King County Benefits Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598**

Otherwise, do nothing and the **bold** coverage shown on your OE Form will become effective January 1.

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits Operations. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts govern in the case of any discrepancy. The benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

How benefits are changing January 1, 2003

Rising costs (particularly medical plan premiums) and reduced revenues prompted King County and the Joint Labor Management Insurance Committee to take a hard look at how costs could be contained in the new 2003-2005 employee benefit package. After much discussion, it was decided to keep benefits at their current levels, but to implement the following changes; changes that will reduce administrative overhead and ask you to share more of the costs when you use health care services.

In spite of these changes, you will still enjoy one of the most comprehensive benefit packages provided by any employer in the region and, though your out-of-pocket expenses will increase in 2003, they will remain lower than those incurred by employees elsewhere (most employees must pay a portion of their monthly health plan premiums).

How benefits are changing is summarized in this section and described in greater detail in “What to do with your OE Form,” pages 6-17. By the end of February 2003 you will receive new plan booklets, updated to include the information provided here.

► There will be three medical plans instead of five

The three medical plans will be:

- KingCare (Aetna) Basic
- KingCare (Aetna) Preferred
- Group Health.

PacifiCare Choice and PacifiCare HMO will no longer be available and Virginia Mason/Group Health Alliant will be replaced by Group Health, without the Virginia Mason network of providers.

If you're currently in the PacifiCare or Alliant plans, you must change medical plans, but you may not have to change doctors. Many PacifiCare and Virginia Mason doctors are in the KingCare (Aetna) provider network, and Group Health doctors remain available to Alliant members who elect the new Group Health plan.

► Medical plan deductibles, copays and out-of-pocket maximums will increase

For KingCare (Aetna) Basic, the annual:

- Deductible increases from \$250 per person/\$750 per family to \$500 per person/\$1,500 per family
- Out-of-pocket maximum for network services increases from \$800 per person/\$1,600 per family to \$1,200 per person/\$2,400 per family
- Out-of-pocket maximum for non-network services increases from \$1,600 per person/\$3,200 per family to \$2,000 per person/\$4,000 per family.

For KingCare (Aetna) Preferred, the annual:

- Deductible increases from \$50 per person/\$150 per family to \$100 per person/\$300 per family
- Out-of-pocket maximum for network services increases from \$400 per person/\$800 per family to \$800 per person/\$1,600 per family
- Out-of-pocket maximum for non-network services increases from \$1,200 per person/\$2,400 per family to \$1,600 per person/\$3,200 per family.

For Group Health:

- Most copays increase from \$10 to \$20
- New hospital inpatient copay is \$200 per admission
- The annual out-of-pocket maximum for network and limited emergency/out-of-area non-network services remains \$1,000 per person/\$2,000 per family (the same as current Alliant medical plan).

► Prescription drug copays will increase

If you're a Group Health member, you will use your medical card to fill prescriptions through Group Health network pharmacies, but if you're a KingCare member, you won't use your medical card. Instead, you will use a separate prescription card issued by AdvancePCS to fill prescriptions through AdvancePCS network pharmacies. (King County has contracted separately with AdvancePCS to provide pharmacy services to KingCare members.)

Prescription copays for generic, preferred brand and non-preferred brand prescriptions are summarized below. (Preferred brand name drugs are ones determined by committees of physicians and pharmacists to be more treatment-effective or cost-effective than non-preferred brand names; preferred brand name drugs may differ between Group Health and AdvancePCS.)

Prescription drugs	AdvancePCS pays 100% after ...	Group Health pays 100% after ...
Up to 30-day supply through network pharmacies	\$10 copay for generic \$15 copay for preferred brand (\$20 if generic available but you request preferred brand) \$25 copay for non-preferred brand (\$30 if generic available but you request non-preferred brand)	\$10 copay for generic \$20 copay for preferred brand \$30 copay for non-preferred brand
Up to 90-day supply through mail order	\$20 copay for generic \$30 copay for preferred brand (\$40 if generic available but you request preferred brand) \$50 copay for non-preferred brand (\$60 if generic available but you request non-preferred brand)	\$20 copay for generic \$40 copay for preferred brand \$60 copay for non-preferred brand

Prescriptions filled through mail order services decrease your out-of-pocket expenses; you receive up to three times the supply for only double the copay.

Your current mail order prescriptions will automatically be transferred to your new prescription service as soon as your medical plan election is reported to your plan in early December if you are:

- In a KingCare or PacifiCare plan now and elect a KingCare plan for 2003
- With a Group Health provider now (under the Alliant plan) and elect the new Group Health plan.

Otherwise, you must ask your doctors to write new prescriptions so you can submit them to your new mail order service as soon as possible after January 1. (Whether your prescriptions are automatically transferred or not, refill your mail order prescriptions before year-end through your current service to ensure an uninterrupted prescription supply into 2003.)

► **Coordination of benefits will change to make the greater cost-sharing more equitable for all employees**

Currently, if you have coverage under two plans (your own county medical, dental and vision plans plus coverage as a dependent under your spouse's or domestic partner's plans), deductibles, coinsurance and copays are covered by combining the benefits of both plans. That means some county employees are getting higher benefit coverage than others.

To make the increase in cost-sharing more equitable in 2003, King County will adopt a coordination of benefits policy known as non-duplication of benefits: when a King County plan is secondary, it will pay only the difference between what the primary plan paid and what King County would have paid if it was primary. If the primary plan has already paid more than the county plan would pay, there is no additional benefit.

When your spouse's or domestic partner's primary plan pays less than your secondary plan, you may submit a claim to your plan for reimbursement of the difference between the benefit of the primary plan and the county's plan. Call the plans to find out which is primary and which is secondary.

There is one exception to this new non-duplication of benefits policy: if you and your spouse or domestic partner both enroll in a Group Health plan and cover each other and your eligible children, Group Health will continue to cover your copays.

► **You may add or increase enhanced life insurance during this open enrollment, but this will be the last time except for certain qualifying changes in family status; the benefit becomes portable**

During this open enrollment you may add or increase enhanced life insurance (with no evidence of insurability except for spouse or domestic partner coverage more than \$100,000), but this is the last time you may add or increase it at open enrollment. After this open enrollment, you may add or increase enhanced life again only for certain qualifying changes in family status.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic and enhanced coverage you and your family members had on your last day of employment. The age-specific rates you pay for continued coverage may be different from the rates paid by active employees.

► **You may add enhanced long term disability insurance during this open enrollment, but this will be the last time; the cost will change from a flat monthly rate to a variable rate according to your base annual salary**

During this open enrollment you may add enhanced long term disability (LTD) insurance, but this is the last time; King County does not plan to open enrollment for enhanced LTD again anytime in the foreseeable future.

Currently, if you purchase enhanced LTD, you pay a flat monthly rate of \$9.40. In 2003, the rate will be variable, according to your base annual salary.

► **The amount you will be able to contribute to a tax-saving flexible spending account to pay certain expenses not covered by your health plans will increase to \$6,000 per year**

Health Care Flexible Spending Accounts allow you to set aside pretax dollars to pay for certain expenses (including deductibles and copays applied to the expenses) not covered by your medical, dental and vision plans. With higher deductibles and copays in 2003, King County has increased the amount you can set aside in a Health Care FSA from \$3,000 to \$6,000 per year. See your Flexible Spending Account Guide for details and FSA enrollment forms.

What to do with your OE Form

► What's listed on the form and what's not

The front of your OE Form lists only coverage you can change at open enrollment:

- Medical
- Enhanced life insurance for you
- Enhanced life insurance for your family
- Enhanced accidental death and dismemberment (AD&D) insurance for you
- Enhanced AD&D insurance for your family
- Enhanced long term disability (LTD) insurance for you
- Covered family members.

It does not list coverage you cannot change (described in “Benefits that need no decisions,” pages 18-19):

- Dental
- Vision
- Basic life insurance for you
- Basic AD&D insurance for you
- Basic LTD insurance for you.

On the back of your OE Form are blank Beneficiary Designation and Affidavit of Marriage/Domestic Partnership Forms. These forms are provided as a convenience in case you'd like to update your beneficiaries or add a spouse or domestic partner for coverage.

► Decide what to do by November 1

The coverage you will receive in 2003 if you don't return your OE Form is shown in **bold**.

Review the form with this guide. This section describes your election options in the same order as they appear on your form. Decide if you want the **bold** or different coverage. If you want different coverage, mark, sign and return the form by **November 1** to Benefits Operations.

Otherwise, do nothing and the **bold** coverage will become effective January 1.

► Medical

You may choose from three plan options or you may opt out of medical and receive an additional \$65 in monthly pay taxed as ordinary income. The option you select is also the option your family members receive.

To opt out of medical coverage you must have coverage through another employer's health care plan and submit a copy of the other medical plan card with your OE Form. If you opt out of medical coverage but don't provide a copy of the card, you will be enrolled in the plan shown in **bold**. (If you opt out of medical coverage, you and your covered family members continue to receive dental and vision benefits. You may opt back in for medical coverage if you lose your other medical coverage and return a completed Request to Opt Back in Medical Coverage Form to Benefits Operations within 60 days of losing coverage.)

As you compare the KingCare (Aetna) Basic and Preferred plans, please note the only advantage to Basic is lower premiums for employees who pay for medical coverage (employees in Part-Time Local 587 Plan 1 or 3, COBRA participants and retirees). Regular employees, full-time Local 587 employees and employees in Part-Time Local 587 Plan 2 do not pay for medical coverage.

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Provider choice	You may choose any provider, but you receive higher coverage when you use Aetna network providers Reimbursement for non-network services is based on the usual, customary and reasonable (UCR) rates for each benefit; you pay more if a non-network provider charges more than the UCR rate	You may choose any provider, but you receive higher coverage when you use Aetna network providers Reimbursement for non-network services is based on the usual, customary and reasonable (UCR) rates for each benefit; you pay more if a non-network provider charges more than the UCR rate	You must choose a Group Health primary care physician (PCP) who provides and coordinates all services through the Group Health network; no non-network coverage unless indicated
Annual deductible	\$500 per person/\$1,500 per family	\$100 per person/\$300 per family	None
Annual out-of-pocket maximum	\$1,200 per person/\$2,400 per family for network care \$2,000 per person/\$4,000 per family for non-network care	\$800 per person/\$1,600 per family for network care \$1,600 per person/\$3,200 per family for non-network care	\$1,000 per person/\$2,000 per family for network care and limited emergency/out-of-area non-network care
Lifetime maximum	\$2,000,000	\$2,000,000	No limit
Alternative care	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit for specific services (referral required)
Ambulance services	80%	90%	80%
Chemical dependency treatment	80% network 60% non-network \$11,285 maximum in 24 months	100% network 70% non-network \$11,285 maximum in 24 months	100% for inpatient care 100% after \$20 copay/visit for outpatient care \$11,285 maximum in 24 months
Chiropractic care and manipulative therapy Like all services, must be medically necessary	80% network 60% non-network Up to 33 visits/year, limited to diagnosis and treatment of musculoskeletal disorders	90% network 70% non-network Up to 33 visits/year, limited to diagnosis and treatment of musculoskeletal disorders	100% after \$20 copay/visit

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Circumcision	80% network 60% non-network	90% network 70% non-network	100%
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100%
Diabetes supplies Insulin, needles, syringes, lancets, etc.	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80%
Emergency care while traveling	Emergency care covered at network levels whether you see a network or non-network provider	Emergency care covered at network levels whether you see a network or non-network provider	Emergency care covered at network levels whether you see a network or non-network provider
Emergency room care	80% after \$50 copay/visit (waived if admitted) 60% after \$50 copay/visit for non-emergency, non-network care	90% after \$50 copay/visit (waived if admitted) 70% after \$50 copay/visit for non-emergency, non-network care	100% after \$75 copay/visit to network facility (waived if admitted) 100% after \$125 copay/visit to non-network facility Non-emergency care not covered
Family planning	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Growth hormones	Covered under prescription drugs when preauthorized	Covered under prescription drugs when preauthorized	Covered under prescription drugs if medical coverage has been continuous under a county plan for more than 12 months
Hearing aids	100% up to \$500 in 36 months for combined network and non-network services; deductible does not apply	100% up to \$500 in 36 months for combined network and non-network services; deductible does not apply	100% up to \$300/ear in 36 months
Home health care	100% up to 130 visits/year for combined network and non-network services	100% up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized; 6-month lifetime maximum; 120-hour maximum for respite care in 3 months	100% when preauthorized; 6-month lifetime maximum; 120-hour maximum for respite care in 3 months	100% 1 period of continuous home care of 4 or more hours per day up to 5 days or 72 hours, whichever occurs first; continuous respite care for up to 5 days in each 3 months of hospice care
Hospital care	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after \$200 copay/admission

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Infertility	80% network 60% non-network Limited to specific services and \$25,000 lifetime maximum	90% network 70% non-network Limited to specific services and \$25,000 lifetime maximum	Not covered
Inpatient care alternatives	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100%
Lab, x-rays and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Massage therapy Like all services, must be medically necessary	80% network 60% non-network Must be prescribed by physician; Aetna reviews after 20 visits	90% network 70% non-network Must be prescribed by physician; Aetna reviews after 20 visits	100% after \$20 copay/visit with PCP referral
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after \$200 copay/admission 100% after \$20 copay/visit for prenatal and postpartum care
Mental health care - inpatient	80% network 60% non-network Up to 30 days/year	90% network 70% non-network Up to 30 days/year	80% up to 12 days/year
Mental health care - outpatient	50% up to 52 visits/year When deemed appropriate, unused visits may be traded for unused inpatient days	50% up to 52 visits/year When deemed appropriate, unused visits may be traded for unused inpatient days	100% after \$20 copay/individual, family or couple visit 100% after \$10 copay/group session Up to 20 visits/year
Neurodevelopmental therapy for family members age 6 and under	80% network when preauthorized 60% non-network when preauthorized \$2,000/year maximum for combined network and non-network services	90% network when preauthorized 70% non-network when preauthorized \$2,000/year maximum for combined network and non-network services	100% for inpatient services after \$200 copay/admission 100% after \$20 copay/visit for outpatient Up to 60 visits/year for each condition
Out-of-area coverage for your children away at school	Same coverage as home, through Aetna national provider network	Same coverage as home, through Aetna national provider network	In southwest Washington and northern Oregon care available through associated HMOs; in all other areas only emergency care covered
Physician and other medical and surgical services	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Phenylketonuria (PKU) formula	80% network 60% non-network	90% network 70% non-network	100%

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Prescription drugs - up to 30-day supply through network pharmacies KingCare members use a separate prescription card from AdvancePCS to fill prescriptions through AdvancePCS network pharmacies (AdvancePCS is not affiliated with Aetna); Group Health members use Group Health medical card to fill prescriptions through Group Health network pharmacies	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available) 100% after \$25 copay for non-preferred brand (\$30 if generic available) Prescriptions filled at non-network pharmacies reimbursed at network pharmacy rate	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available) 100% after \$25 copay for non-preferred brand (\$30 if generic available) Prescriptions filled at non-network pharmacies reimbursed at network pharmacy rate	100% after \$10 copay for generic 100% after \$20 copay for preferred brand 100% after \$30 copay for non-preferred brand No reimbursement for prescriptions filled at non-network pharmacies
Prescription drugs - up to 90-day supply through mail order KingCare members use a separate prescription card from AdvancePCS to fill prescriptions through AdvancePCS mail order (AdvancePCS is not affiliated with Aetna); Group Health members use Group Health medical card to fill prescriptions through Group Health mail order	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available) 100% after \$50 copay for non-preferred brand (\$60 if generic available)	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available) 100% after \$50 copay for non-preferred brand (\$60 if generic available)	100% after \$20 copay for generic 100% after \$40 copay for preferred brand 100% after \$60 copay for non-preferred brand
Preventive care Well-child check-ups, immunizations, routine health and hearing exams, etc.	Deductible does not apply 100% network 60% non-network	Deductible does not apply 100% network 70% non-network	100% (according to well-child/adult preventive care schedule)
Radiation therapy, chemotherapy and respiratory therapy	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Reconstructive services Includes benefits for mastectomy-related services - reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information	80% network 60% non-network	90% network 70% non-network	100%
Rehabilitative services	80% network 60% non-network	90% network 70% non-network	100% for inpatient services after \$200 copay/admission 100% after \$20 copay/visit for outpatient services Up to 60 visits/year for each condition
Skilled nursing facility	80% network 60% non-network	90% network 70% non-network	100% when preauthorized

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Smoking cessation - sessions	80% network 60% non-network \$500 lifetime maximum sessions and nicotine replacement combined	90% network 70% non-network \$500 lifetime maximum sessions and nicotine replacement combined	100% for 1 Group Health network provider program/year
Smoking cessation - nicotine replacement	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% or \$10 copay (whichever is less) for 30-day supply
Temporomandibular joint (TMJ) disorders	80% network 60% non-network Up to \$2,000/year	90% network 70% non-network Up to \$2,000/year	100% for inpatient care after \$200 copay/admission 100% after \$20 copay/visit for outpatient care Up to \$1,000/year and a \$5,000 lifetime maximum
Transplants	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous under a county plan for more than 12 months - whether preexisting or an emergency	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous under a county plan for more than 12 months - whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous under a county plan for more than 12 months - whether preexisting or an emergency
Urgent care Ear infections, high fevers, minor burns, etc.	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

► Enhanced life insurance for you

This open enrollment is your last opportunity to add or increase enhanced life insurance without a qualifying change in family status. After this open enrollment, you may add or increase enhanced life for yourself only when you marry or establish a new domestic partnership, or when your first child becomes eligible. (To add or increase coverage, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. You may drop or reduce coverage anytime.)

During this open enrollment, you may purchase enhanced life equal to 1, 2, 3 or 4 times your base annual salary without evidence of insurability. If you add or increase coverage during this open enrollment, your additional amount will go into effect January 1. However, if you happen to be ill or injured and away from work on that date, any coverage increase does not become effective until the date you return to full-time work for one full day.

If you die for any reason, the beneficiaries you designate receive the amount you elect in addition to your county-paid basic life insurance benefit. Your enhanced life (as well as basic life, explained in “Benefits that need no decisions,” page 19) automatically goes up as your salary increases. The maximum combined basic and enhanced life insurance coverage you may have is \$600,000.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic and enhanced coverage you had on your last day of employment until you reach age 75. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

► Enhanced life insurance for your family

If you elect enhanced life insurance for yourself, you may purchase enhanced life for family members:

- Spouse or domestic partner only at 50% of your enhanced amount
- Child(ren) only at \$10,000 each
- Spouse or domestic partner at 50% of your enhanced amount plus child(ren) at \$10,000 each.

You are the beneficiary if a family member dies. (If you and your spouse or domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.)

No evidence of insurability is required for family members except for spouse or domestic partner coverage more than \$100,000. When spouse or domestic partner coverage is more than \$100,000 (or reaches \$100,000 due to increases in your salary), coverage is capped at \$100,000 until evidence of insurability is approved. If evidence of insurability is not approved, coverage remains at \$100,000.

If your spouse or domestic partner currently has coverage capped at \$50,000, it will automatically increase under the new \$100,000 cap to 50% of your enhanced amount. Your monthly cost for the coverage will increase accordingly.

After this open enrollment, you may add or increase enhanced life again only if certain qualifying changes in family status occur. You may add or increase coverage for yourself and add your:

- Spouse or domestic partner when you marry or establish a new domestic partnership, or he/she loses county coverage
- Child when he/she is your first eligible child or loses county coverage.

To add a new family member, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. You may drop a family member from coverage anytime, but if you do, you may not add him/her back again.

If you terminate employment with the county and continue your own coverage under the new portability option (effective January 1), you may continue to pay for a spouse or domestic partner until he/she is 65 and a child until he/she is 19 (23 if solely dependent on you for support).

► Monthly cost of enhanced life insurance

Rates for you and your spouse or domestic partner are based on your age. They are slightly higher in 2003 than in 2002. Cost for children's coverage is \$.84 regardless of the number of children covered. (Although that's higher than the \$.45 a month paid in 2002, the 2002 rate was for \$5,000 of enhanced life for each child; the 2003 rate is for \$10,000 of enhanced life for each child.)

To figure your base annual salary so you can calculate your monthly cost for enhanced life, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. For example, if you earn \$22.10 per hour and work 35 hours per week, your base annual salary is $22.10 \times 35 \times 52 = \$40,222$.

Your Age	Cost of Enhanced Life/\$1,000	
	2002	2003
Under 25	\$.045	\$.047
25-29	\$.054	\$.056
30-34	\$.072	\$.075
35-39	\$.072	\$.075
40-44	\$.090	\$.094
45-49	\$.144	\$.150
50-54	\$.216	\$.225
55-59	\$.387	\$.403
60-64	\$.594	\$.618
65-69	\$ 1.143	\$ 1.063
70+	\$ 1.854	\$ 1.724

To calculate your total monthly cost for enhanced life ...

- Enter your base annual salary 1. \$ _____
- Enter your enhanced election (1, 2, 3 or 4 times your base salary) 2. _____
- Multiply line 1 by line 2 and enter 3. \$ _____
- Round line 3 to the next \$1,000 and enter 4. \$ _____
- Drop the last 3 zeroes from the amount on line 4 (divide by 1,000) and enter 5. \$ _____
- Enter cost/\$1,000 for your age 6. \$ _____
- Multiply line 5 by line 6 and enter cost of enhanced life for you 7. \$ _____
- If you elect enhanced life for spouse/DP enter .5; if not, enter 0 8. _____
- Multiply line 7 by line 8 and enter the cost of enhanced life for your spouse or domestic partner 9. \$ _____
- If you elect enhanced life for children enter \$.84; if not, enter 0 10. \$ _____
- Add lines 7, 9 and 10 for **your total monthly cost** ► \$ _____

► Enhanced accidental death and dismemberment insurance for you

You may purchase enhanced accidental death and dismemberment (AD&D) insurance from \$50,000 to \$500,000 in \$50,000 increments without evidence of insurability. If you die in a covered accident, the beneficiaries you designate receive the amount you select in addition to your county-paid basic AD&D benefit (explained in “Benefits that need no decisions,” page 19). If you are dismembered or paralyzed, you receive a portion of the enhanced amount (depends on the type of loss) in addition to your county-paid basic AD&D benefit.

You may drop or reduce your coverage anytime, but you may add or increase coverage for yourself only during open enrollment.

► Enhanced accidental death and dismemberment insurance for your family

If you elect enhanced AD&D insurance for yourself, you may purchase enhanced AD&D for family members without evidence of insurability. If a family member dies, is dismembered or is paralyzed as a result of a covered accident, you are the beneficiary.

You may cover your:

- Spouse or domestic partner only at 50% or 100% of your enhanced amount
- Child(ren) only at 10% of your enhanced amount
- Spouse or domestic partner at 50% or 100% of your enhanced amount plus child(ren) at 10% of your enhanced amount.

You may add a new spouse, domestic partner or child for enhanced AD&D later if you have enhanced coverage for yourself and do not have a spouse, domestic partner or child eligible for coverage now. To add a new family member later, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. You may drop or reduce family coverage anytime, but you may add it back or increase it only during open enrollment.

► Monthly cost of enhanced accidental death and dismemberment insurance

2003 rates are the same as in 2002. Add across each row for those you cover to determine your total monthly cost.

If you elect this enhanced amount	Cost for you only	Cost for spouse/DP at 50% of your amount	Cost for spouse/DP at 100% of your amount	Cost for all children at 10% of your amount
\$ 500,000	\$10.00	\$ 5.00	\$10.00	\$ 3.00
\$ 450,000	\$ 9.00	\$ 4.50	\$ 9.00	\$ 2.70
\$ 400,000	\$ 8.00	\$ 4.00	\$ 8.00	\$ 2.40
\$ 350,000	\$ 7.00	\$ 3.50	\$ 7.00	\$ 2.10
\$ 300,000	\$ 6.00	\$ 3.00	\$ 6.00	\$ 1.80
\$ 250,000	\$ 5.00	\$ 2.50	\$ 5.00	\$ 1.50
\$ 200,000	\$ 4.00	\$ 2.00	\$ 4.00	\$ 1.20
\$ 150,000	\$ 3.00	\$ 1.50	\$ 3.00	\$.90
\$ 100,000	\$ 2.00	\$ 1.00	\$ 2.00	\$.60
\$ 50,000	\$ 1.00	\$.50	\$ 1.00	\$.30

► Enhanced long term disability insurance for you

If you become disabled, your county-paid basic long term disability (LTD) insurance combines with other sources of disability income to replace 60% of your predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period (as explained in “Benefits that need no decisions,” page 19).

Enhanced LTD increases the maximum benefit to \$7,200 a month and reduces the waiting period to 90 days.

During this open enrollment you may add enhanced LTD, but this is the last time; King County does not plan to open enrollment for enhanced LTD again anytime in the foreseeable future. You may drop coverage anytime, but if you do, you may not add it again later.

► Cost of enhanced long term disability insurance

Cost of enhanced long term disability was a flat rate of \$9.40 a month in 2002 (\$112.80 for the year). In 2003, the cost will be variable, according to your base annual salary; annually, you will pay \$.21 per \$100 of salary.

To figure the cost of enhanced LTD long term disability, first figure your base annual salary: multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. Next, divide your base annual salary by 100 and multiply the answer by \$.21. This is your annual cost for the enhanced coverage. To figure your monthly cost, divide the annual cost by 12.

For example, if you earn \$22.10 per hour and work 35 hours per week, your base annual salary is $\$22.10 \times 35 \times 52 = \$40,222$. The cost of enhanced coverage is $(\$40,222 \div 100) \times \$.21 = \$84.47$ a year, or $\$84.47 \div 12 = \7.04 a month.

► Family members

You may add or delete family members during open enrollment, or correct any family member information that is wrong on your OE Form.

To protect the privacy of covered family members listed on your OE Form, only the last four digits of their Social Security numbers are shown. If you add a new family member for coverage, however, you must provide a **complete Social Security number** along with the other information indicated and any required attachments.

The following family members are eligible under your coverage if you enroll them:

- Your spouse/domestic partner (attach copy of marriage certificate or complete the Affidavit of Marriage/Domestic Partnership Form on the back of the OE Form)
- Unmarried children of you or your spouse/domestic partner who are:
 - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return); a child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption (attach appropriate documentation)
 - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by plan (attach copy of QMCSO).

There is no cost to cover family members, but when you cover a domestic partner and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. To do this, the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary.

If you want to add a domestic partner and his/her child(ren) for only enhanced life and/or enhanced accidental death and dismemberment insurance (and not health benefits), check the “Yes” box next to their names on your OE Form under “Cover DP or DP’s child(ren) for life/AD&D only?”

Here are the taxable values for the different combinations of health plans.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2002	2003	2002	2003	2002	2003
KingCare (Aetna) Basic + Dental + Vision	\$ 330.48	\$ 342.33	\$ 264.38	\$ 273.85	\$ 594.86	\$ 616.18
KingCare (Aetna) Preferred + Dental + Vision	\$ 377.68	\$ 396.22	\$ 302.14	\$ 316.96	\$ 679.82	\$ 713.18
Group Health + Dental + Vision	\$ 349.46	\$ 363.19	\$ 279.58	\$ 325.76	\$ 629.04	\$ 688.95
Dental + Vision Only (Opted Out of Medical)	\$ 63.00	\$ 67.02	\$ 50.40	\$ 53.61	\$ 113.40	\$ 120.63

► On the back of your OE Form

On the back of your form are blank Beneficiary Designation and Affidavit of Marriage/Domestic Partnership Forms. Both forms are blank (your beneficiaries are not listed); the forms are provided during open enrollment as a convenience to you.

Please do not contact Benefits Operations during open enrollment for beneficiary information; that information is kept in your benefit file and difficult to retrieve during the busy time of open enrollment. If you're not sure who's designated as beneficiary, complete and return the Beneficiary Designation Form - and keep a copy for your records.

Complete and return the Affidavit of Marriage/Domestic Partnership Form if you're adding a spouse or domestic partner for coverage in 2003.

Benefits that need no decisions

You and the eligible family members you list on your form automatically receive dental and vision coverage; you receive basic life insurance, basic accidental death and dismemberment insurance, and basic long term disability insurance for yourself. These “automatic” benefits need no decisions so they’re not listed on your OE Form.

► Dental

Dental coverage will remain the same (except for the change in coordination of benefits) and continue to be provided by Washington Dental Service in 2003.

Washington Dental Service increases your payment levels through an incentive program when you regularly see your dentist:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.
- If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Major prosthodontic services, orthodontia, TMJ treatment and night guards are not under the incentive program; see the table below for coverage levels.

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services and accidents)	\$25/person, \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expenses	Plan Pays
Diagnostic and preventive services (for example, exams, cleanings, x-rays)	70% - 100% (deductible doesn't apply) Based on patient's incentive level; see dental booklet for details
Basic services (for example, fillings, periodontics, extractions, root canals)	70% - 100% Based on patient's incentive level; see dental booklet for details
Major services - restorative (for example, crowns, onlays)	70% - 85% Based on patient's incentive level; see dental booklet for details
Major services - prosthodontics (for example, dentures, implants, fixed bridges)	70%
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible doesn't apply; this benefit doesn't apply to the annual maximum benefit)
Temporomandibular joint disorder (TMJ)	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit)
Night guards	50%

► Vision

Vision coverage will remain the same (except for the change in coordination of benefits) and continue to be provided by Vision Service Plan in 2003.

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts minus the \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months)		
Single vision	100%	Up to \$40
Bifocal	100%	Up to \$60
Trifocal	100%	Up to \$80
Lenticular	100%	Up to \$125
Progressive	100%	Up to \$5 for upgrade to progressive, tints and coating combined
Tints	100%	
Coatings	100%	
Frames (once every 24 months)	100% up to \$130	Up to \$45
Contacts (1 pair every 12 months in place of eyeglass lenses and frames)		
Elective	100%, up to \$105	Up to \$105
Medically necessary	100%	Up to \$210

► Basic life insurance for you

You automatically receive county-paid basic life insurance. If you die for any reason the beneficiaries you designate receive a lump sum equal to your base annual salary (rounded to the next higher \$1,000). The benefit goes up as your salary increases.

► Basic accidental death and dismemberment insurance for you

You automatically receive county-paid basic accidental death and dismemberment insurance. If you die in a covered accident the beneficiaries you designate receive a benefit equal to your base annual salary (rounded to the next higher \$1,000), to a maximum of \$200,000. If you are dismembered or paralyzed you receive an amount that depends on the type of loss. The benefit goes up as your salary increases.

► Basic long term disability insurance for you

You automatically receive county-paid basic long term disability insurance. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period.

For additional information

For Questions About ...	Contact ...
General Benefits Open enrollment and making changes Flexible spending account enrollment Life, accidental death and dismemberment and long term disability insurance plan details Alternate formats	Benefits Operations Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 Phone 206-684-1556 ■ 1-800-325-6165 x41556 ■ 711 TTY Relay Service Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical Identification cards Providers (doctors, hospitals, etc.) Filing claims Other plan details (covered expenses, limitations, exclusions, preauthorization)	KingCare (Aetna) PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ■ 771 TTY Relay Service E-mail kingcare@aetna.com Web www.kingcare.com Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ■ 1-888-901-4636 ■ 771 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Prescriptions Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions) Pharmacies Mail order service Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand)	AdvancePCS (separate service for KingCare members) PO Box 853901, Richardson, TX 75085-3901 Phone 1-800-552-8159 ■ 771 TTY Relay Service Web http://kingcounty.advancercx.com (e-mail by selecting Contact Us) Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ■ 1-888-901-4636 ■ 771 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Dental Providers Filing claims Other plan details	Washington Dental Service PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ■ 1-800-554-1907 ■ 771 TTY Relay Service E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Vision Providers Filing claims Other plan details	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 771 TTY Relay Service Web www.vsp.com (e-mail through the Web site)
Flexible Spending Accounts Account balances Reimbursement Other plan details	Associated Administrators Inc. PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ■ 1-800-428-4833 TDD Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com